
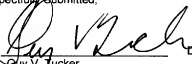


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Weers et al.	Group No: 1617
Application No: 10/751,342	Examiner: Carter, Kendra D
Confirmation No: 7605	Attorney Docket No: 53311-US-CNT (NV.0190.00)
Filed: December 31, 2003	February 22, 2010
Title: AEROSOLIZABLE PHARMACEUTICAL FORMULATION FOR FUNGAL INFECTION THERAPY	San Francisco, California 94107

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time		
Via EFS <input checked="" type="checkbox"/> Response to Non-Final Office Action <input type="checkbox"/> Associate Power of Attorney Statement <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings (Formal) <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return (1)	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
	<input checked="" type="checkbox"/> One Month	\$130.00	\$65.00
	<input type="checkbox"/> Two Months	\$490.00	\$245.00
	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00
	Total \$ 130.00		
	<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	47	98	0	\$52.00	\$26.00	\$0.00
Independent Claims	3	8	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment		Fee Deficiency	
Extension Fee	\$130.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. 10-0258.	
Fee(s) for Extra Claim(s)	\$ 0.00	and/or	
Total	\$130.00	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. 10-0258.	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$ 0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. 10-0258 in the sum of \$130.00.		Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to: NOVARTIS Corporate Intellectual Property One Health Plaza 104/3 East Hanover, NJ 07936-1080	
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office at (571)273-8300, or electronically submitted via EFS on the date shown below:		Respectfully Submitted,	
By: 	Date: February 22, 2010	By: 	Date: February 22, 2010
Melanie Hitchcock		Guy V. Tucker Registration No. 45,302	